

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-081100

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nelson

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Gallegos Gallup

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

NE NE Sec. 8-T26N-R12W

NMPM

12. COUNTY OR TERRITORY

San Juan

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

EL PASO PRODUCTS COMPANY

3. ADDRESS OF OPERATOR

Post Office Box 1560, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990'/N and 1090'/E, NE/4 NE/4 Sec. 8-T26N, R12W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5973' DF

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐MULTIPLE COMPLETS ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

Repair Casing

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

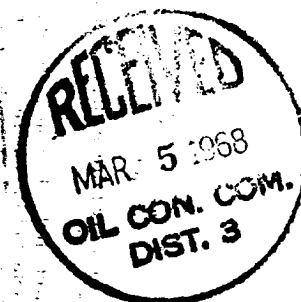
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

February 5, 1968 to
February 20, 1968

Squeezed hole in casing at 3587' with total of 185 sacks Class "C" Cement with 3% CaCl and 1% FLAC. Maximum squeeze pressure 1500#. Test Squeeze with 1000#, tested O.K.

RECEIVED

MAR 1 1968

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

18. I hereby certify that the foregoing is true and correct

SIGNED

W. R. Speer

TITLE Division Manager

DATE March 4, 1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side